

19938

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

JUN 30 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5628

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnard Clinic & Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos 6 days
(Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Victoria Mary Pratt

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if

7. Birth date of deceased August 13 1860
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Washington County (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Joseph B. Emily

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Catherine Hayes

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Rulo

(b) Address Richwoods, Missouri

17. (a) St. Stephens Cemetery (b) Date thereof June 23 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Stephens Cemetery, Richwoods, Mo

18. (a) Signature of funeral director Roach & Fitchell

(b) Address Richwoods, Missouri

19. (a) JUN 27 1943 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington
(c) City or town Richwoods (If outside city or town limits, write "RURAL") NR.
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
year 43 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from 3/15/43 19 to 6/21/43 19

that I last saw him alive on 6/20/43 19

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum ✓

Due to —

Due to —

Other conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Abdominal peritonitis

Of operations resection for cancer of rectum

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury —

23. Signature Frank W. Clarke M.D. (M-D, or other) 1/1/43

Address Barnard Clinic & Cancer Hospital Date signed 6/21/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Shenwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.